

State Models and Medicare/Medicaid Waiver Strategies to Integrate Delivery Systems and Financing for Dual Eligibles

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Medicare				Medicaid						
<i>Fee for Service FFS</i>	<i>M+C Sections 1853-1860</i>	<i>PACE Social Security Act Section 1894</i>	<p>402/222 [42 U.S.C. 1395b-1] (a) (1) demonstration waiver:</p> <p>--Allows changes in methods of payment or reimbursement</p> <p>Allows public or private agencies, institutions, and organizations to develop and engage in experiments and demonstration projects to determine whether changes in methods of payment or reimbursement would result in more economical provision and more effective utilization of health care services.</p> <p>*Policy states that demonstration must be budget neutral.</p>	FFS	<p>1915 (a) Medicaid Managed Care Contracts/ State Plan Option.</p> <p>--State Plan Services</p> <p>--Voluntary enrollment</p> <p>--Costs can not exceed FFS Upper Payment Limit (UPL)</p>	<p>1915 (b) waiver authority --Freedom of choice.</p> <p>States are allowed to:</p> <ul style="list-style-type: none"> - mandate Medicaid enrollment into Managed Care. --utilize a central broker. --Use cost savings to provide additional services. -Limit number of providers. <p>* must be cost effective. Need to establish a UPL and show savings. Cost effective for the two year period.</p>	<p>1915 (c) waiver authority Home and Community Based waiver.</p> <p>--States have the option of providing a variety of home and community-based services, under a waiver to persons who would otherwise need hospital, NF or ICF/MR care.</p> <p>* must be cost neutral. Costs incurred under a HCBS waiver can not be more than costs of the institutionalized population.</p>	<p>1915 (b)/(c) concurrent waiver.</p> <p>--Allows HCBS beneficiaries to enroll into managed care for "c" waiver services.</p> <p>-- freedom of choice for institutional care is maintained.</p> <p>* must meet federal requirements for each waiver.</p>	<p>1115 Demonstration waiver authority.</p> <p>Allows States to:</p> <ul style="list-style-type: none"> -- expand Medicaid Eligibility. --provide mandatory managed care. --provide special services to special populations. --Restructure Medicaid – Health reform. <p>*must be budget neutral over life of the waiver – 5yrs. Savings are expected.</p>	<i>PACE Social Security Act Section 1934</i>
			<i>Needs OMB approval</i>		<i>Does not need OMB approval.</i>	<i>Needs OMB approval.</i>	<i>Does not need OMB approval.</i>	<i>OMB approval for "b" waiver.</i>	<i>Needs OMB approval.</i>	

State Models and Medicare/Medicaid Waiver Strategies to Integrate Delivery Systems and Financing for Dual Eligibles

**Model: Voluntary Managed Care
Fully Integrated Medicare and Medicaid funding.
Capitated Primary Acute and Long Term Care (LTC) services.**

Medicare				Medicaid							Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver</i>	<i>FFS</i>	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration waiver</i>	<i>PACE</i>	<i>PACE</i>
		X								X	<ul style="list-style-type: none"> <i>Frail/NHC (Nursing Home Certifiable) community-dwelling elderly.</i> Provides all Medicare and Medicaid primary, acute and LTC services through a defined treatment team that is located at a day health center.
	X		X						X		<i>Wisconsin Partnership Program WPP</i> <ul style="list-style-type: none"> <i>Frail/ NHC community dwelling elderly and physically disabled</i> Provides PACE -like model to elderly and disabled beneficiaries who want to utilize their PCP in the community. Participation in Day Health Center not required.
	X		X		X		X				<i>Minnesota Senior Health Options/ Minnesota Disability Health Options</i> <ul style="list-style-type: none"> <i>All aged and physically disabled. Includes NHC.</i> CMS and the State of Minnesota have entered into a modified M+C contract which allows the State to contract with HMO's for all Medicare and Medicaid primary, acute and LTC services.

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Model: Mandatory Managed Care providing Integrated Medicaid funded health and LTC with Coordination of Medicare Acute Care Services

Medicare				Medicaid							Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver</i>	FFS	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration waiver</i>	<i>PACE</i>	
<i>X</i>	X							X			<p><i>Texas Star+Plus 1915 (b)/(c)</i></p> <ul style="list-style-type: none"> <i>Aged and Disabled.</i> <p>Under capitation, health plans manage all primary, acute and LTC services and are responsible for coordinating with primary and acute Medicare services for dual eligibles. Medicare may be provided through FFS or M+C. plan.</p>
X	X								X		<p><i>Arizona 1115 Arizona Long Term Care System (ALTCs)</i></p> <ul style="list-style-type: none"> <i>Aged and Disabled</i> <p>Fully capitated Acute and LTC. <i>Under capitation, health plans manage all primary, acute and LTC services and are responsible for coordinating with primary and acute Medicare services for dual eligibles. Medicare may be provided through FFS or M+C plans.</i></p>

State Models and Medicare/Medicaid Waiver Strategies to Integrate Delivery Systems and Financing for Dual Eligibles

Model: Mandatory Managed Care/Capitated LTC with coordination with Medicare services

Medicare				Medicaid							Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver</i>	FFS	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration waiver</i>	<i>PACE</i>	
<i>X</i>								<i>X</i>			<p><i>Wisconsin Family Care 1915 (b)/(c)</i></p> <p><i>· Aged and Disabled.</i></p> <p>Medicaid LTC is capitated. Under capitation, Family Care plans manage all Medicaid funded LTC benefits and are responsible for coordinating with primary and acute care services covered by Medicare and Medicaid. Plans are not required to pay for primary and acute care services.</p>

State Models and Medicare/Medicaid Waiver Strategies to Integrate Delivery Systems and Financing for Dual Eligibles

Model: Voluntary Managed Care/Capitated Primarily for Medicaid LTC with coordination with Medicare Services

Medicare				Medicaid						Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver:</i>	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration Waiver</i>	<i>PACE</i>	
<i>X</i>	<i>X</i>					<i>X</i>				<p><i>Florida 1915 (c) Long Term Care Community Diversion Pilot Project.</i></p> <ul style="list-style-type: none"> <i>Dual Eligible Frail/NHC elderly who meet specific criteria.</i> <p>Under capitation, the State contracts with HMO's to provide LTC/1915 (c) waiver services. Voluntary enrollment. Dual eligibles have choice to receive LTC services under capitation or the traditional 1915 (c) FFS. Dual Eligibles have choice to receive primary and acute care services via Medicare FFS, M+C or a Medicaid HMO. HMO's employ case managers that manage and coordinate acute and LTC services</p>
<i>X</i>				<i>X</i>						<p><i>New York Managed Long Term Care (MLTC)</i></p> <ul style="list-style-type: none"> <i>Nursing Home Eligible, Aged and Adult Disabled Population.</i> <p>Under capitation, Health Plans manage all Medicaid funded LTC benefits, drugs, and are responsible for coordinating primary and acute care services covered by Medicare. Plans do not pay for acute and primary care services.</p>

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<p>Mandatory Managed Care/Acute Care Models Provides limited care coordination with Medicaid acute care services Does not include coordination for LTC.</p>

Medicare				Medicaid							Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver</i>	<i>FFS</i>	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration Waiver</i>	<i>PACE</i>	
X	X								X		<i>Oregon 1115 Mandatory Managed Care .</i> › <i>All Medicaid populations.</i> Fully capitated. Primary, acute care and State plan services under capitation. Medicaid coordinates enrollment with M+C plans. Medicare wrap-around services covered by the waiver.
X	X								X		<i>Minnesota PMAP 1115 Mandatory Managed Care</i> › <i>All Medicaid populations, except disabled.</i> Fully capitated. <i>Under capitation, manages primary, acute care and some LTC. No 1915 (c) waiver services.</i> Medicare services provided FFS or M+C in the same Medicaid Plan. Medicare wrap-around services covered by the waiver.
X	X					X					<i>TennCare 1915 (b) Managed Care Waiver</i> › <i>Dually Eligible population.</i> Fully capitated. Under capitation, manages primary and acute care only. Medicare wrap-around services covered by the waiver. No coordination for acute or LTC services.

State Models and Medicare/Medicaid Waiver Strategies to Integrate Delivery Systems and Financing for Dual Eligibles

Model: Voluntary Managed Acute Care; Provides care coordination for Medicare Acute Services

Medicare				Medicaid							Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver</i>	<i>FFS</i>	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration Waiver</i>	<i>PACE</i>	
<i>X</i>					<i>X</i>						<p><i>Wisconsin I – Care</i></p> <p><i>SSI Aged and Disabled living in the community.</i></p> <p>Medicaid Managed Care. Includes State plan services. HCBS waiver is not part of the program. I-Care prepares a case plan that addresses the total health care needs of the members including those funded by Medicare.</p>

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Managed Fee for Service Models Voluntary PCCM Includes LTC

Medicare				Medicaid							Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver:</i>	<i>Fee for Service FFS</i>	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration Waiver</i>	<i>PACE</i>	
X				X							Maine MaineNET <i>Community dwelling dually eligible beneficiaries and Medicaid-only adults with disabilities.</i> Voluntary enrollment. All Medicare and Medicaid services are reimbursed FFS with little or no risk to providers. Payment arrangements can include bundling of services. Participating Primary Care Physicians (PCP) coordinate primary and acute care services for MaineNET beneficiaries.

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Managed Fee for Service
Other Voluntary Models

Medicare				Medicaid							Program Example
<i>Fee for Service FFS</i>	<i>M+C</i>	<i>PACE</i>	<i>402/222 demonstration waiver</i>	<i>Fee for Service FFS</i>	<i>1915 (a)</i>	<i>1915 (b) waiver</i>	<i>1915 (c) waiver</i>	<i>1915 (b) / (c) concurrent waiver</i>	<i>1115 demonstration Waiver</i>	<i>PACE</i>	
X				X							<p><i>Vermont</i> <i>The Vermont Independence Project – Care Partners</i> <i>Aged Population with either full Medicaid benefits or less than full Medicaid benefits (i.e. QMB/SLMB, State pharmacy assistance).</i></p> <p>Medicare and Medicaid services reimbursed on a FFS basis with little or no risk to the provider. Payment arrangements can include a bundling of services. Council on Aging Case Management staff have office hours at participating PCP offices as "Care Partners" to assist with care coordination for Medicare and Medicaid dually eligible beneficiaries.</p>

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Contact List

State	Program	Contact	Address
Arizona	Arizona 1115 ALTCS	Alan Schafer	agschafer@ahcccs.state.az.us 602-417-4614
Florida	Florida 1915 (c) Long Term Care Community Diversion Pilot Project	David Oropallo Senior Management Analyst II	Florida Department of Elder Affairs 4040 Esplanade Way Tallahassee, Florida 32399 oropallo@elderaffairs.org 850-414-2135
Maine	MaineNet	Gino,Nalli Director	Muskie School of Public Service University of Southern Maine P.O. Box 9300 Portland, Maine 04104-9300 gnalii@usm.maine.edu 207-780-4237
Minnesota	MSHO/MnDHO	Pamela Parker Director, Integrated Purchasing	Minnesota Department of Human Services 444 Lafayette Road St. Paul, MN 55155-3854 pam.parker@state.mn.us 651-296-2140
Minnesota	Minnesota PMAP 1115	Karen Peed	Minnesota Department of Human Services 444 Lafayette Road St. Paul, MN 55155-3854 karen.peed@state.mn.us
New York	New York Managed Long Term Care Program MLTC	Linda L. Gowdy	Linda L. Gowdy, Director Bureau of Continuing Care Initiatives New York State Department of Health 161 Delaware Avenue Delmar, New York 12054 (518) 478-1141
Oregon	Oregon 1115	Chad Cherierl, Ph.D. Executive Policy Advisor	Department of Humans Services 500 Summer St. NE, 4 th Floor Salem, Oregon 97310-1097 Chad.Cherierl@state.or.us 503-945-6394
PACE multi-States	PACE	National PACE Association	1255 Post Street, Suite1027 San Francisco, CA 94109 www.natlpacessn.org 415-749-2680
PACE – multi-States	PACE	Washington DC office	Christine van Reenan P.O. Box 32103 Washington, DC 20007 chrisvr@npaonline.org 703-535-1568

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Tennessee	TennCare 1915 (b) waiver	Mr. Manny Martins Director	Department of Finance and Administration 729 Church Street Nashville, TN 37247-6501 Many.martins@state.tn.us 615-741-0046
Texas	Texas Star +Plus 1915 (b)/(c) waiver	Pamela Coleman Director, Managed Care	Texas Department of Human Services 701 West 51 st Mail Code W516 Austin, TX 78714-9030 pamela.coleman@dhs.state.tx.us 512-438-5067
Vermont	Vermont Independence Project	Brendan Hogan Director	Office of Vermont Health Access 103 South Main Street Waterbury, VT 0567 brendanh@path.state.vt.us 802-241-3989
Wisconsin	Wisconsin Partnership Program WPP	Steven J. Landkamer Planning and Analysis Administrator	Wisconsin Department of Health and Family Services 1 South Pinckney St., Suite 340 P.O. Box 1379 Madison, WI 53701-1379 landksj@dhfs.state.wi.us 608/261-7811
Wisconsin	Wisconsin Family Care 1915 (b)/(c) waiver	Judith Frye Director, Center for Delivery	Wisconsin Department of Health and Family Services 1 South Pinckney St., Suite 340 P.O. Box 1379 Madison, WI 53701-1379 FryeJE@dhfs.state.wi.us 608-266-5156
Wisconsin	Wisconsin I-Care	Angie Dombrowicki	Wisconsin Department of Health and Family Services 1 South Pinckney St., Suite 340 P.O. Box 1379 Madison, WI 53701-1379 DOMBRA@dhfs.state.wi.us 608-266-1935